

For taxable year beginning _____, 19____, and ending _____, 19____.

Check box if: ☐ Name change ☐ Address change

Mail to: Arizona Department of Revenue, PO Box 29079 Phoenix AZ 85038-9079

CHECK ONE

Calendar year ☐ Fiscal year ☐

Business telephone number ()	Use label. Otherwise please print or type.	Name	Federal employer ID number
Business activity code number (from your federal Form 1120)		Number and street	AZ withholding tax number
		City or town, state, and ZIP code	AZ transaction privilege tax number

Information

Yes No

For DOR use only

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- A Is this amended return based on a federal audit?
- B Is a copy of the federal audit attached?
- C Did you file a federal amended return?
- D Is a copy of the federal amended return attached?
- E Are you changing the method of filing to Arizona?
- F If amending a return more than 4 years old, did you attach a copy of your Arizona return as filed and/or corrected?
- G You are amending your: Original return
- Amended return
- Arizona audit

88

81

66

(a)

As originally
reported or adjusted

(b)

Net change
increase or
(decrease)

(c)

Correct amount

Income

- 1 Taxable income
- 2 Additions to taxable income
- 3 Total taxable income - add lines 1 and 2
- 4 Subtractions from taxable income
- 5 Arizona adjusted income - subtract line 4 from line 3

Apportionment
Computation
(Multistate
Corporations
Only)

- 6 Arizona adjusted income - from line 5 above
- 7 Nonapportionable or allocable amounts
- 8 Adjusted business income - subtract line 7 from line 6
- 9 Arizona apportionment ratio
- 10 Income apportioned to Arizona - multiply line 8 by line 9
- 11 Other income or (loss) allocated to Arizona
- 12 Income attributable to Arizona - add lines 10 and 11

Arizona
Taxable
Income

- 13 Arizona income from line 5 or line 12
- 14 Arizona basis net operating loss carryforward
- 15 Arizona income before taxes - subtract line 14 from line 13
- 16 Arizona income tax - accrual basis taxpayers
see instructions and check box ☐
- 17 Arizona taxable income - subtract line 16 from line 15

Tax and
Credits

- 18 Tax - Tax is 9% of taxable income or \$50, whichever is greater
- 19 Tax from recapture of credits - from Arizona Form 300, Part II
- 20 Subtotal - add line 18 and line 19
- 21 Tax credits - from Arizona Form 300, Part II
- 22 Credit type - enter form number for each credit claimed 22 3 3 3
- 23 Subtotal - subtract line 21 from line 20
- 24 Correctional industries recapture tax - from Arizona Form 300, Part II
- 25 Tax liability - add lines 23 and 24

Payments

- 26 Retroactive consolidation tax payment credit - see instructions
- 27 Payments (extension, estimated) - from page 2, Schedule D
- 28 Payment with original return plus all payments after it was filed - from page 2, Schedule D
- 29 Total payments - see instructions

Refund or
Tax Due

- 30 Overpayment, if any, as shown on original return or as later adjusted - see instructions
- 31 Total payments applied to amended tax liability - subtract line 30 from line 29
- 32 TOTAL DUE - If line 25(c) is larger than line 31, enter the total due
- 33 OVERPAYMENT - If line 31 is larger than line 25(c), enter the overpayment
- 34 Amount of line 33 to be applied to 1996 estimated tax
- 35 Amount to be refunded - subtract line 34 from line 33

(a) Inventory

(b) Depreciable assets - at original cost

(c) Land

(d) Other - describe

(e) Less construction in progress

(f) Less nonbusiness property

(g) Net annual rent paid for leased property, multiplied by 8

(h) Total real and tangible personal property used

C2 Wages, salaries, commissions and other compensation of employees
as shown per federal Form 1120 or payroll reports

C3 (a) Gross sales, less returns and allowances

(b) Sales delivered or shipped to Arizona purchasers:

(1) Shipped from outside Arizona

(2) Shipped from within Arizona

(c) Sales shipped from Arizona to:

(1) The United States Government

(2) Purchasers in a state where the taxpayer would not be
taxable (e.g. under Public Law 86-272)

(d) Other gross receipts (rents, royalties, interest, etc.)

(e) Total sales within Arizona

(f) Double weight sales factor.....

(g) Sales factor ratio. For column (a), multiply line C3(e) by line C3(f); for column (b), add lines C3(a) and C3(d)

C4 Total ratio - Add lines C1(h), C2 and C3(g) in column (c)

C5 Average ratio - Divide line C4 by four (4). Enter the result here and on page 1, line 9(c)

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

Schedule D Schedule of Payments	A. Payments (Extension, Estimated)	Date of Payment	Amount
1	Estimated payment	_____	_____
2	Estimated payment	_____	_____
3	Estimated payment	_____	_____
4	Estimated payment	_____	_____
5	Extension request payment	_____	_____
6	Total. Add lines 1 through 5 - enter here and on page 1, line 27		

B. Payments (Other)	Date of Payment	Amount
1 Payment with original return....	_____	_____
2 Payment	_____	_____
3 Payment	_____	_____
4 Payment	_____	_____
5 Payment	_____	_____
6 Total. Add lines 1 through 5 - enter here and on page 1, line 28	_____	_____

The following certification must be signed by the treasurer and president or vice president.

We, the undersigned officers _____ and treasurer of the organization for which this return is made, each certify under penalty of perjury, that this return, including the accompanying schedules and statements has been examined by us and is to the best of our knowledge and belief, a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Treasurer	Date
Other officer	Title Date

Preparer's signature	Date
Firm's name (or preparer's, if self-employed)	Preparer's TIN
Firm's address	ZIP code